



**Division of Environmental Protection
Office of Air Quality**

INSPECTION FACT SHEET

COMPANY NAME: American Electric Power
Mountaineer Plant
EPA ID #: WVD980554463
PLANT ID #: 03-54-053-0009
PERMIT #: n/a

MAILING ADDRESS: P. O. Box 419
New Haven, WV 25265
FACILITY TYPE: Electric Utility, Small quantity generator of
hazardous waste
LOCATION: New Haven
COUNTY: Mason
REGION: 3

COMPANY CONTACT: Kevin Dennis
PHONE: (304) 882-2151

PURPOSE: Evaluation of applicability/compliance
APPLICABLE REGS: 45CSR25

DATE INSPECTED: June 16, 1997
INSPECTORS: J. D. McClung

DATE PREPARED: June 16, 1997
PREPARED BY: J. D. McClung
REVIEWED BY: L. S. Pontiveros

FACILITY STATUS CODE: Not subject to 45CSR25
VIOLATIONS: none



INSPECTION MEMORANDUM

DIVISION OF ENVIRONMENTAL PROTECTION

West Virginia Office of Air Quality

Company:	American Electric Power			Facility:	Mountaineer Plant
Region:	3	Plant ID#:	03-54-053-0009	Regulations:	45CSR25

Inspected By: Jonathan D. McClung

Title: Engineer-in-Training I

Memo Date: June 17, 1997

Inspection Date: June 16, 1997

On June 16, 1997, at approximately 8:40 a.m., an unannounced inspection was made of the Mountaineer Power Plant located near New Haven, WV. The contact person at the facility was Kevin Dennis, Environmental Supervisor. Chris Long, Chemist, also accompanied the writer throughout the inspection. The weather was partly cloudy with temperatures in the 60's (°F). The inspection consisted of a conference with facility personnel. The inspection lasted approximately 0.5 hour.

West Virginia Legislative Rule 45CSR25 incorporates by reference, among other things, 40 CFR 265 subpart CC ("Subpart CC") and 40 CFR 266 subpart H ("BIF Rule"). Facilities subject to Subpart CC are required to manage hazardous waste in certain types of containers and tanks. Facilities subject to the BIF Rule are required to comply with certain requirements for combusting hazardous waste in boilers or industrial furnaces. The BIF Rule contains a conditional exemption for small quantity burners of hazardous waste. The purpose of the inspection was to evaluate the applicability and compliance of the facility with respect to Subpart CC and the BIF Rule.

The Mountaineer Plant produces electricity from the combustion of coal. Through the course of normal operations the facility generates hazardous waste. The facility is classified as a small quantity generator of hazardous waste by the U.S. EPA.

BIF Rule applicability/compliance

The facility does not burn any hazardous waste in boilers or industrial furnaces. Therefore, the BIF Rule does not apply to the facility.

Subpart CC applicability/compliance

The Mountaineer Power Plant is a small quantity generator of hazardous waste. Subpart CC applies only to permitted facilities that treat, store, or dispose of hazardous waste

Photographs Taken:	No	ITS Updated:	Yes
Visual Emissions Taken:	No	Facility Status Code:	30

Inspection of AEP - Mountaineer Plant
Inspected on June 16, 1997
Page 1

NON-CONFIDENTIAL

and to large quantity generators (> 1000 kg/month) storing hazardous waste in tanks or containers for less than 90 days. Since Subpart CC does not apply to small quantity generators of hazardous waste, the Mountaineer Power Plant is not subject to 45CSR25. The facility provided a copy of the records for 1997 that document that the facility is a small quantity generator.

Jonathan D. McClung
Jonathan D. McClung
Engineer-in-Training I

June 17, 1997
June 17, 1997

NON-CONFIDENTIAL

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

W V D 9 8 0 5 5 4 4 6 3

II. Name of Installation (Include company and specific site name)

A P C O - M O U N T A I N E E R P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U S R O U T E 3 3

Street (Continued)

City or Town

N E W H A V E N

State

Zip Code

W V 2 5 2 6 5 - 0 4 1 9

County Code

County Name

0 5 3 M A S O N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 4 1 9

City or Town

N E W H A V E N

State

Zip Code

W V 2 5 2 6 5 - 0 4 1 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

P O W E L L

(First)

C H A R L E S

Job Title

P L A N T M A N A G E R

Phone Number (Area Code and Number)

3 0 4 - 8 8 2 - 2 1 5 1

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

A P P A L A C H I A N P O W E R C O M P A N Y

Street, P.O. Box, or Route Number

P O B O X 2 0 2 1

City or Town

R O A N O K E

State

Zip Code

V A 2 4 0 2 2 - 2 0 2 1

Phone Number (Area Code and Number)

6 1 4 - 2 2 3 - 1 2 4 6

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For overseas only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ Division of Environmental Protection Office of Waste Management Notifications	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input checked="" type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D 0 0 6 D 0 0 8 D 0 0 9 D 0 1 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)


1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 D 0 1 8	2 D 0 2 7	3 D 0 3 5	4 D 0 3 9	5 D 0 4 0	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Charles A. Powell, Plant Manager	Date Signed 3-7-00
--	---	-----------------------

XI. Comments

1) Section IXC is a continuation of IXA. 2) Update "Used Oil Recycling Activities" status.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)


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*****
*
*      RCRIS: Notification Add/Update Screen 2
*****
*EPA ID: WVD980554463      Other ID:      Merge Send: Y
*Date Received(MMDDYY): 081880      Source( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):      Send Acknowledgement:
*Name of Installation: APCO      MOUNTAINEER PLANT
*
*      Installation Location Address
*Streets: US RT 33
*City:      NEW HAVEN      State: WV      Zip: 252650419
*County Code: 053      County Name: MASON
* Installation Mailing Address (Type 'SAME' if same as Above)
*Streets: PO BOX 419
*City:      NEW HAVEN      State: WV      Zip: 252650419
*
*      Contact Information
*      Last Name      First Name      Title      Phone      Address(M,L,0
* POWELL      CHARLES      PLANT MGR      3048822151      M
*Streets: PO BOX 419
*City:      NEW HAVEN      State: WV      Zip: 252650419
*Land Type: P
*****
* Enter-Continue      F3 - Exit      F5 - Prev Screen
*****

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*****
*
*               RCRIS: Notification Add/Update Screen 3
*
*****
* EPA ID:      WVD980554463   Other ID:                Source:  N
*
* Owner Sequence Number:      3
* Ownership:  AMERICAN ELEC POWER CO                      Type of Owner:  P
*
*
*               Address of Owner
*
*   Street: 1 RIVERSIDE PLAZA
*   City:   COLUMBUS                      State: OH   Zip Code  432152373
*   Phone:  6142231266
*
* Current/Previous Indicator:  C0   Change Date(MMDDYY):
*
*
*****
* Enter-Continue      F3-Exit      F4-Exit Group Process   F5-Curr. Owner
* F6-Prev. Owner      F8-Help      F9-First                F10-Next
*****

```

```

*****
*
*               RCRIS: Notification Add/Update Screen 4A
*
*****
* EPA ID:  WVD980554463      Other ID:                Source:  N
*
*
*               RCRA Reg   RCRA Reg   State Reg   State Reg
* Waste Activity      Type   Status    Desc       Status    Desc
* -----
* HW Generator:      2       R
* HW TSD:
* HW Transporter:    X       N           2
*   Transport Mode:  Air:      Rail:      Highway: X   Water:
*                   Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue                F3-Exit                F8-Help
*****

```

* RCRIS: Notification Add/Update Screen 5

* EPA ID: WVD980554463 Other ID: Source: N

*

* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical

* D000 D001 D002 D003 D006

* D007 D008 D009 D010 D018

* D027 D035 D039 D040 F001

* F002 F003 F005

*

*

*

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*

*

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*

*

*Enter-Continue F3-Exit F4-Exit Group Proces

*F8-Help F9-First F10-Next

change name, mailing address, contact, contact address, owner, owner address, type
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# WV109180554463 Date: 2-5-97

II. FACILITY NAME ~~Appalachian Power Co Mountaineer Pl~~

NEW FACILITY NAME

Name Change APCO - Mountaineer Plant

III. LOCATION OF INSTALLATION

Street

City/Town

State

Zip

County Code

County Name

IV. INSTALLATION MAILING ADDRESS

Street P.O. Box 419

City/Town

New Haven

State

WV

Zip

25265

V. INSTALLATION CONTACT

Last Name

Powell

First

Charles

Job Title

Plant Mgr

Phone #

(304)882-2151

VI. INSTALLATION CONTACT ADDRESS

Street

Same as mailing

City/Town

State

Zip

VII. OWNERSHIP

Name of Legal Owner

American Electric Power Co

Street

#1 Riverside Plaza

City/Town

Columbus

State

OH

Zip

43215

Phone #

(614)223-1266

Land Type

Owner Type

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

D006	D027			
D008	D035			
D009	D039			
D010	D040			
D018				

Updated in RCRIS by:

BS 2/6

HST

Date:

2-5-97

VIII A. Hazardous Waste Activity

- | | <u>Type</u> | <u>RCRA Reg.
Status</u> | <u>RCRA Reg.
Desc.</u> |
|--|---|-----------------------------|----------------------------|
| 1. | Generator _____ | _____ | _____ |
| 2. | Transporter _____ | _____ | _____ |
| 3. | TSD _____ | _____ | _____ |
| Mode of Transportation for Transporter
Air _____ Rail _____ Highway _____ Water _____ Other _____ | | | |
| 4. | <u>HWF Burner/Blender:</u>
B Boiler and/or Industrial Furnace (BIF) only.
D BIF only; Smelter Deferral.
E BIF only; Small Quantity Exemption Claimed.
N Not a Burner/Blender, Verified.
X Other Burner/Blender Activity.
Blank Unverified. | | |
| a. | <u>HWF Marketing to Burner:</u>
X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities. | | |
| b. | <u>HWF Other Marketers:</u>
X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner. | | |
| c. | <u>HWF Boiler/Industrial Furnace:</u>
B Boiler and/or Industrial Furnace (BIF) only.
X Indication of Activity. | | |
| 5. | <u>Underground Injection Control:</u>
X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. | | |

VIII B. Used Oil Recycling Activities

1. **Used Oil Recycling Activities**
 - a. **Used Oil Marketer to Burner:**
 X Marketer directs shipments of used oil to burners.
 - b. **Used Oil Other Marketer:**
 X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. **Used Oil Burner:**
 X Indication of Activity.

Burner Types:
 Utility Boiler _____ Industrial Boiler _____ Industrial Furnace _____
 H=Hazardous Waste Fuel U=Used Oil Fuel B=Both
3. **Used Oil Transporter:**
 T=Transporter _____ F=Transfer _____ B=Both
4. **Used Oil Processor/Re-refiner:**
 P=Process Only _____ R=Refine Only _____ B=Both

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

W V D 9 8 0 5 5 4 4 6 3

II. Name of Installation (Include company and specific site name)

A P C O - M O U N T A I N E E R P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U S R O U T E 3 3

Street (Continued)

City or Town

State

Zip Code

N E W H A V E N W V 2 5 2 6 5 - 0 4 1 9

County Code

County Name

0 5 3 M A S O N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 4 1 9

City or Town

State

Zip Code

N E W H A V E N W V 2 5 2 6 5 - 0 4 1 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

P O W E L L C H A R L E S

Job Title

Phone Number (Area Code and Number)

P L A N T M A N A G E R 3 0 4 - 8 8 2 - 2 1 5 1

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

X S A M E

City or Town

State

Zip Code

FEB 4 1997

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

EPA - Region III

A M E R I C A N E L E C T R I C P O W E R C O

Street, P.O. Box, or Route Number

1 R I V E R S I D E P L A Z A

City or Town

State

Zip Code

C O L U M B U S O H 4 3 2 1 5 - 2 3 7 3

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

6 1 4 - 2 2 3 - 1 2 6 6 P P Yes X No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input checked="" type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D 0 0 6 D 0 0 8 D 0 0 9 D 0 1 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

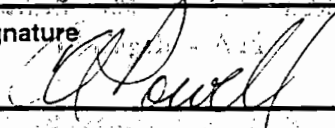
1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 D 0 1 8	2 D 0 2 7	3 D 0 3 5	4 D 0 3 9	5 D 0 4 0	6
--------------	--------------	--------------	--------------	--------------	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Charles A. Powell, Plant Mgr.	Date Signed 1-8-97
--	--	-----------------------

XI. Comments

1) Section IXC is a continuation of IXA. 2) Update of Non-listed

Hazardous Waste Codes.

RECEIVED

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

JAN 10 1997

Contact Name
+ added waste

Box 419
Haven, WV 25265-0419
882-2151



Department of Commerce, Labor and Environmental Protection
Division of Environmental Protection
Office of Waste Management
1356 Hansford Street
Charleston, West Virginia 25301

January 9, 1997

Mrs. Brenda Woodyard:

Please find enclosed an updated EPA "Notification of Regulated Waste Activity" form 8700-12 for Mountaineer Plant as we discussed by phone on January 6. The guidance received from AEP is that all legal documents of this type should identify APCO in the facility name.

Please call me at extension 1125 if you have any questions.

Sincerely,

Kevin W. Dennis

Kevin W. Dennis
Supervising Environmental Engineer

Enclosure

xc: C. A. Powell
R. L. Neal
B. N. Bryant - Columbus
G. T. Sommerville - Columbus
File

RECEIVED

JAN 10 1997

Division of Environmental Protection
Office of Waste Management
Notifications

```
*****
*EPA ID: WVD980554463      Other ID:                      Merge Send: Y
*Date Received(MMDDYY): 081880   Source( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):          Send Acknowledgement:
*Name of Installation: APPALACHIAN POWER CO MOUNTAINEER PLT
*                               Installation Location Address
*Streets:  U S RT 33
*City:      NEW HAVEN                      State: WV      Zip:      25265
*County Code: 053      County Name: MASON
*                               Installation Mailing Address
*Streets:  P O BOX 2021
*City:      ROANOKE                      State: VA      Zip:      24022
*                               Contact Information
*   Last Name      First Name      Title      Phone      Address(M,L,O
* KROPP            EDWARD_L            7039852376      L
*Streets:  U S RT 33
*City:      NEW HAVEN                      State: WV      Zip:      25265
*Land Type:
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
*****
```

* EPA ID: WVD980554463 Other ID: Source: N

*

* Owner Sequence Number: 1

* Ownership: APPALACHIAN POWER COMPANY Type of Owner: P

*

*

* Address of Owner/Operator

*

* Street: P. O. BOX 2021

* City: ROANOKE State: VA Zip Code 24022

* Phone: 7039852300

*

* Current/Previous Indicator: CO Change Date(MMDDYY):

*

*

*

* Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner

* F6-Prev. Owner F8-Help F9-First F10-Next

* EPA ID: WVD980554463 Other ID: Source: N

*

		RCRA Reg	RCRA Reg	State Reg	State Reg
* Waste Activity	Type	Status	Desc	Status	Desc

* -----

* HW Generator: 2 R

* HW TSD:

* HW Transporter: X N 2

* Transport Mode: Air: Rail: Highway: X Water:

* Other:

* HW Burner/Blender:

* NHW Used Oil Recycler:

* -----

* Underground Injection Control:

* Recycler:

*

*

* Enter-Continue F1-Previous Screen F3-Exit F8-Help

* EPA ID: WVD980554463 Other ID: Source: N

*

* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical

* D000 D001 D002 D003 D007

* F001 F002 F003 F005

*

*

*

*

*

*

*

*

*

*

*

*Enter-Continue F1-Previous Screen F3-Exit

*F8-Help F9-First F10-Next



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
WVD980554463

02/07/97

INSTALLATION ADDRESS

APCO MOUNTAINEER PLANT
PO BOX 419
NEW HAVEN , CT 06511-0419
CHARLES POWELL PLANT MGR

US RT 33
NEW HAVEN , CT 06511-0419